2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002937

Entity Name: EXPANDING MINDS, INC.

FILED Apr 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11792 PAINTED DESERT WAY
JACKSONVILLE, FL 32218

2591 WEST BEAVER STREET
JACKSONVILLE, FL 32254

Current Mailing Address: New Mailing Address:

PO BOX 40552

JACKSONVILLE, FL 322030552

FEI Number: 59-3675648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITE, MICHAEL 11792 PAINTED DESERT WAY JACKSONVILLE, FL 32218

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 WHITE, MICHAEL
 Name:
 WHITE, MICHAEL

 Address:
 2591 WEST BEAVER ST.
 Address:
 11792 PAINTED DESERT WAY

 City-St-Zip:
 JACKSONVILLE, FL 32218
 25218

Title: T () Delete Title: T (X) Change () Addition

Name: WHITE, SHERRY Name: WHITE, SHERRY

 Address:
 2591 WEST BEAVER ST.
 Address:
 11792 PAINTED DESERT WAT

 City-St-Zip:
 JACKSONVILLE, FL 32254
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: S () Delete Title: () Change () Addition

 Name:
 WHITE, DEON
 Name:

 Address:
 11792 PAINTED DESERT WAY
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

Title: CHAP () Delete Title: () Change () Addition

 Name:
 MATTHEWS, CAMERON
 Name:

 Address:
 9447 JONES ST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 RHODES, SARAH
 Name:
 RHODES, SARAH

 Address:
 2591 WEST BEAVER ST.
 Address:
 1152 BERTHA STREET

 City-St-Zip:
 JACKSONVILLE, FL 32254
 City-St-Zip:
 JACKSONVILLE, FL 32254

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C. WHITE D 04/25/2004